

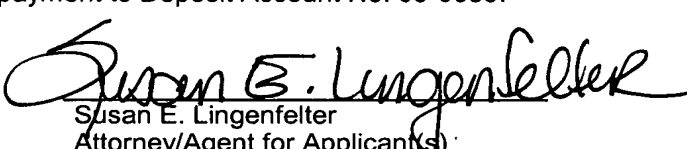


6-18-07

Express Mail No. EV531747732US

MUN

PATENT APPLICATION

| FEE AUTHORIZATION / AMENDMENT TRANSMITTAL | | | | | Attorney's Docket No: 2861-US-CNT2 | |
|--|---|------------------------------|---|------------------------------------|------------------------------------|-----------------------|
| Serial No. 10/633,202 | Filing Date July 29, 2003 | Examiner William W. Moore | Group Art Unit 1656 | | | |
| In Re Application of Douglas Pat Cerretti For ADAM20 (SVPH1-26) DNA AND POLYPEPTIDES | | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | | |
| <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): | | | | | | |
| <input type="checkbox"/> One month of original due date (\$120.00) | | | | | | |
| <input type="checkbox"/> Two months of original due date (\$450.00) | | | | | | |
| <input checked="" type="checkbox"/> Three months of original due date (\$1,020.00) | | | | | | |
| <input type="checkbox"/> Four months of original due date (\$1,590.00) | | | | | | |
| <input type="checkbox"/> Five months of original due date (\$2,160.00) | | | | | | |
| <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: | | | | | | |
| <input type="checkbox"/> is filed herewith. | | | | | | |
| <input type="checkbox"/> has been filed. | | | | | | |
| <input checked="" type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. | | | | | | |
| <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. | | | | | | |
| <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) Claims remaining After amendment | (3) | (4) Highest number Previously paid for | (5) No. of Extra claims present | (6) Rate | (7) Additional Fee |
| Total Claims | | Minus | = | 0 | x \$50 | = \$ 0.00 |
| Indep. Claims | | Minus | = | 0 | x \$200 | = \$ 0.00 |
| <input type="checkbox"/> First Appearance of a multiple dependent claim | | | | | + | \$360 = \$ 0.00 |
| Total Additional Fee for this Amendment | | | | | | \$ 0.00 |
| * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. | | | | | | |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. | | | | | | |
| The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. | | | | | | |
| <input type="checkbox"/> The following other fees are incurred by the accompanying papers. | | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1,020.00. A duplicate copy of this petition is attached. | | | | | | |
| <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089. | | | | | | |
| Please Send Future Correspondence To: | | | | | | |
| 22932 | | | | | | |
| Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000 | | | | | | |
|  Susan E. Lingenfelter Attorney/Agent for Applicant(s) Registration No.: 41,156 Phone: (206) 265-7340 Date: June 15, 2007 | | | | | | |

06/19/2007 HLE333 00000039 090089 10633202

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